



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS, TX 75202-2733

March 9, 2000

EXXON RAS NO 67764  
1200 TIMBERLOCH PLACE  
THE WOODLANDS, TX 77380-  
ATTN: ALDA S POOL, WASTE ADMIN

—

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

EXXON RAS NO 67764  
8201 E R L THORNTON  
DALLAS, TX 75228-

Your EPA Identification Number for this installation  
is: **TXD988030946**

The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA.

Charles Faultry, Chief  
RCRA Information Management Section

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act, 42 USC 9610).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
FEB 15 2000

INFORMATION

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

TXD988030946

## II. Name of Installation (Include company and specific site name)

EXXON RAS # 67764

## III. Location of Installation (Physical Address or P.O. Box or Route Number)

8201 E THORNTON AVE

Street (Continued)

City or Town

DALLAS

State

TX

Zip Code

75228-

County Code

County Name

Dallas

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1200 Timberloch Place

City or Town

The Woodlands

State

TX

Zip Code

77380-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

POOL

(First)

AIDA S

Job Title

Waste Admin.

Phone Number (Area Code and Number)

281-296-3579

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
(Include mailing zone)☒

B. Street or P.O. Box

City or Town

The Woodlands

State

TX

Zip Code

77380-

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

EXXON Mobil

Street, P.O. Box, or Route Number

P.O. Box 4999

City or Town

The Woodlands

State

TX

Zip Code

77380-4999

Phone Number (Area Code and Number)

281-296-3555

E. Land Type

P

C. Owner Type

P

D. Change of Ownership

☒

Date Changed

Month Day Year

2-23-00 BS

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes: (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20- 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic constituent(s)) ☒ D018

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

D.L. Gomm Waste Coordinator

Date Signed

1/31/00

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

TX D988030946

## II. Name of Installation (Include company and specific site name)

DALE E PRATZ EXXON

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8201 EAST RL THORNTON FWY

Street (continued)

City or Town

DALLAS

State

ZIP Code

TX 75228-

County Code

County Name

DALLAS

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

PRATZ

(first)

DALE

Job Title

DEALER

Phone Number (area code and number)

214-328-8465

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location Mailing



B. Street or P.O. Box

8201 EAST RL THORNTON FWY

City or Town

DALLAS

State

ZIP Code

TX 75228-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

EXXON COMPANY USA

Street, P.O. Box, or Route Number

PO BOX 152006

City or Town

IRVING

State

ZIP Code

TX 75015-2006

Phone Number (area code and number)

214-650-7085

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes

No

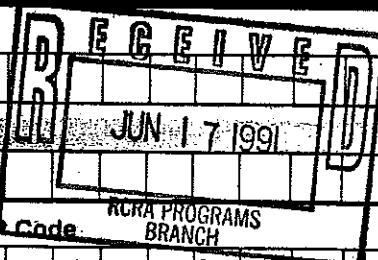
X

(Date Changed)

Month

Day

Year





## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer  
(or On-site Burner) Who First Claims  
the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

0018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Regulated Waste

Activity APR 10, 1991

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification (completes item C)

C. Installation's EPA ID Number

TX 0988030944

II. Name of Installation (Include company and specific site name)

EXXON CO USA #67764

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8201 FERRL THORNTON

Street (continued)

City or Town

State

ZIP Code

Dallas

TX 75228

County Code

County Name

113 Dallas

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 4415

City or Town

State

ZIP Code

HOUSTON

TX 77210-4415

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

POOL

ALDA S

Job Title

Phone Number (area code and number)

STAFF ASSISTANT

713-656-7709

VI. Installation Contact Address (See instructions)

A. Contact Address Location

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

EXXON CO USA

Street, P.O. Box, or Route Number

PO BOX 4415

City or Town

State

ZIP Code

HOUSTON

TX 77210-4415

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

713-656-7761

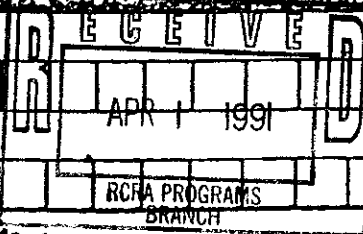
P

P

Yes

No

X



1B - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)		3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel		
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	a. Generator Marketing to Burner		
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	b. Other Marketers		
2. Transporter (Indicate Mode in boxes 1-5 below)		c. Burner - Indicate device(s) Type of Combustion Device	
<input type="checkbox"/> a. For own waste only		1. Utility Boiler	
<input type="checkbox"/> b. For commercial purposes		2. Industrial Boiler	
Mode of Transportation		3. Industrial Furnace	
<input type="checkbox"/> 1. Air		<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail			
<input type="checkbox"/> 3. Highway			
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify			

B. Used Oil Fuel Activities

<input type="checkbox"/> 1. Off-Specification Used Oil Fuel
<input type="checkbox"/> 2. Generator Marketing to Burner
<input type="checkbox"/> 3. Other Marketers
<input type="checkbox"/> 4. Burner - Indicate device(s) Type of Combustion Device
<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> 3. Industrial Furnace
<input type="checkbox"/> 5. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
	J. Harris, Senior Mktng. Eng.	MAR 14 1991

XI. Comments
